



PATENT
Attorney Docket No. A-68718-4/ RFT/RMS/RMK
Attorney File No.: 463037-220

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

BLACKBURN, et al.

Serial No. 09/993,342

Filed: November 5, 2001

For: *Devices and Methods for
Biochip Multiplexing*

Group No. 1744

Examiner: David A. Redding

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed enclosures, are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: July 23, 2004

Signature: Brent Yonckara

AMENDMENT AND RESPONSE TO OFFICE COMMUNICATION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is being submitted in response to the Office communication mailed March 26, 2004. The response is filed on or before July 26, 2004, with a petition for a one month extension of time and the necessary fees. The Commissioner is authorized to charge any fee or other relief which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. A-68718-4/(463037-220) RFT/RMS/RMK).

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 5.

Amendments to the Drawings begin on page 11.

Remarks/Arguments begin on page 12.

An Appendix including replacement drawing figures is attached following page

08/12/2004 ASINGLET 00000001 09993342

01 FC:1202 18.00 DA

1146744_1

fee

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09/993342

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12 20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 20 minus 20 =	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	1
X84=	1
+280=	
TOTAL	740

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 21 Minus ** 20	= 1
	Independent	* 2 Minus *** 3	= -
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY
OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	18
X84=	
+280=	
TOTAL ADDIT. FEE	18

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.